

KENTUCKY PASRR Timeframe Non-Compliance Log

Region#_____ **Month Reported for:** _____

Individual Referred (last name, first initial)	Last 4#'s of SSN	Date of Referral	Date Admitted	Nursing Facility	Comments

Please complete this form on the first business day of each month. Send via email to Vicki Barber at vicki.barber@ky.gov , Benita Jackie at Benita.jackie@ky.gov and Dona Carroll-Payton at dona.carroll-payton@ky.gov with details of each non-compliant referral. If no issues of non-compliance were noted during the previous month, note that in the comment section.